



DAVID SANDERS, PH.D.  
Director

**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
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Board of Supervisors  
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May 5, 2005

To: Supervisor Gloria Molina, Chair  
Supervisor Michael D. Antonovich, Chair Pro Tem  
Supervisor Yvonne B. Burke  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

From: David Sanders, Ph.D.  
Director

**JANUARY 11, 2005 BOARD AGENDA ITEM #S-63-A: CHILD DEATH  
CORRECTIVE ACTION PLAN AND PLAN IMPLEMENTATION**

On January 11, 2005, as the result of the recent death of a two-month-old child, your Board instructed me to: (1) develop a corrective action plan that will support current department-wide prevention efforts; and (2) report back to the Board on the implementation of this corrective action plan, specifically regarding Structured Team Decision-Making and improvements in the quality of assessments.

**1. CORRECTIVE ACTION PLAN**

This corrective action plan will establish a more systematic approach to the delivery of services to abused and neglected children and their families through:

- enhanced investigations;
- more thorough assessments using the Structured Decision-Making (SDM) tools;
- timely, up-front mental health/substance abuse/domestic violence screenings and assessments for high risk situations;

- the use of Team Decision-Making (TDM) conferences such as the Family to Family Conferences and Family Group Team Decision-Making conferences;
- the spread of the Point of Engagement Service Delivery model as was piloted in Service Planning Area 6.

This Corrective Action Plan focuses on improved assessment of risk and safety. Risk is the likelihood of a child being re-abused or neglected and safety is related to the imminent danger of harm that a child faces in the environment he or she is in.

#### Structured Decision-Making

The Department has fully implemented Structured Decision-Making (SDM) as a primary strategy to improve assessment of abused or neglected children. Historically, the Department has relied solely on the judgment of social workers in investigating abuse or neglect and in determining which families to intervene with. SDM is an empirical actuarial-based set of tools used to assess risk and safety during investigations and throughout the life of a case. The SDM tools are similar to insurance in that the characteristics of families that have abused or neglected children were analyzed in the development of the tool. The risk assessment is used to determine whether it is appropriate to open a case, and the safety assessment informs the decision of whether or not to detain a child.

The Department has issued policy to prioritize the opening of all substantiated high- or very high-risk cases and moderate- to low-risk cases when safety factors are present that place the child in danger.

The importance of SDM is twofold. First, rather than relying solely on the judgment of social workers in assessing the likelihood of re-abuse or neglect, SDM is research-based and provides greater accuracy in determining when to intervene. Second, use of SDM improves consistency in decision-making which is critical to improving assessments.

The Department has implemented all five SDM tools and is working with the organization that developed SDM on a tool to better assess foster parents. The Department's timely utilization of SDM during investigations now exceeds 80% and we are now working to improve the quality of utilization. To this end, the Department will be issuing policy within the next month that requires Supervising Children's Social Workers (SCSWs) and Assistant Regional Administrators (ARAs) to randomly review a sample of cases in their units or programs. All Department ARAs have now been trained on a specific model of case-reading using SDM.

### Point of Engagement

The spread of the Point of Engagement Service Delivery Model, we believe, will result in a more systematic approach to working with families and will give us better safety outcomes, reduced detentions, and decreased timelines to permanency with a particular focus on prevention. The Point of Engagement approach consists of the following components:

- **Differential/Community Response** -- when a child abuse investigation is determined to be unfounded, however the Children's Social Worker (CSW) observes that the family is in need of community and/or faith-based services, the CSW refers the family to those community resources.
- **Alternative Response** -- when a child abuse investigation is determined to be inconclusive and using the SDM Risk Assessment Tool, the children are determined to be at low or moderate risk for future harm, the CSW will refer the family for Family Preservation services and close the DCFS referral.
- **Voluntary Family Maintenance or Reunification** -- when a child abuse investigation is determined to be substantiated but using SDM, the children are at moderate risk for future harm, a Voluntary Services Social Worker will provide DCFS supervision under a voluntary contract with the family and link the family with community resources.
- **High-Risk Services** -- when a child abuse investigation is determined to be substantiated and using SDM, the children are determined to be at high risk for future harm, a mental health, substance abuse and/or domestic violence screening and or assessment is completed by a community agency with expertise in one or all of the three above mentioned areas. These agencies are asked to assess the parents and children to assist the CSW in deciding whether removal of the children is necessary. If children are not removed, Family Preservation services are requested right away and the parents and children are linked to appropriate treatment services (mental health, substance abuse, domestic violence), the family is then referred for Voluntary Services.
- **Detention** -- when a child abuse investigation determines that the allegations are substantiated and using SDM, the risk to the children is high or very high and the screening/assessment cannot assist in mitigating the risk to children, the children are removed from their homes and a detention report to the Juvenile Court is prepared.
- **Family to Family (Child Safety) Conference** -- whenever children are detained and/or at risk of removal, a Child Safety Conference is held within 48 hours (before the 72-hour Arraignment/Detention hearing). The family is allowed to

invite friends, relatives, neighbors, faith-based leaders, or anyone they want for support. Every attempt is made to place children with non-offending parents or relatives.

- Intensive Services Workers – whenever it is determined that child abuse is substantiated and the risk to children is high/very high and children are removed from their homes, an Intensive Services Worker (CSW) is assigned to the case to: 1) stabilize the case; 2) attempt to help parents reduce risk so that children can return home safely; 3) support relative placements by identifying kin earlier on; 4) provide families with resources that will facilitate the return of children to their homes in a more timely manner; and 4) establish the case so that permanency efforts are engaged a lot sooner in the life of the case thus supporting reunification and, if necessary, more timely adoptions.
- Multidisciplinary Assessment Teams (MAT) – whenever children are removed from their homes, they are to have a multidisciplinary assessment that includes a mental health, developmental and educational assessment.

In summary, we believe that this plan will provide greater safety for children and will allow more children the ability to remain safely in their own homes. Our goal is to focus our court and placement efforts on the children that really need out of home and court protection.

## **2. IMPLEMENTATION PLAN**

The Department of Children and Family Services has developed a rollout plan for the implementation of the Point of Engagement Service Delivery Model as it relates to this corrective action plan detailed in this report (see attachment on Rollout Plan).

If you have any further questions, please call me or your staff may contact Helen Berberian of our Board Relations Section at (213) 351-5530.

DS:AW:EM:tm

### **Attachments**

- c: Chief Administrative Officer  
Executive Officer, Board of Supervisors  
County Counsel

## POE TRAINING/IMPLEMENTATION ROLL-OUT

Phase/Office	Training	Implementation
<b>Pilot</b>		
Wateridge		In Progress
Compton		In Progress
<b>Phase 1</b>		
Metro North	4/4/05 - 6/24/05	6/27/05
West LA		
Pomona		
Torrance		
<b>Phase 2</b>		
Covina	6/27/05 - 9/23/05	9/26/05
Specialized Svcs		
Hawthorne		
Belvedere		
<b>Phase 3</b>		
A. V. East	9/26/05 - 12/2/05	12/5/05
A.V. West		
Pasadena		
Century		
<b>Phase 4</b>		
Santa Fe Springs	12/5/05 - 2/17/06	2/20/06
Lakewood		
<b>Phase 5</b>		
North Hollywood	2/20/06 - 4/7/06	4/10/06
Santa Clarita		




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March 15, 2005

To: Supervisor Gloria Molina, Chair  
Supervisor Michael D. Antonovich, Chair Pro Tem  
Supervisor Yvonne B. Burke  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

From: David Sanders, Ph.D.   
Director

**DECEMBER 14, 2004 BOARD AGENDA ITEM NUMBER 2: POINT OF  
ENGAGEMENT SERVICE DELIVERY SYSTEM COUNTY WIDE EXPANSION PLAN**

On December 14, 2004, The Board of Supervisors directed our Department to report back to the Board in 90 days on: 1) the feasibility of and/or a plan to expand the front-end Point of Engagement Service Delivery system countywide and 2) work with First 5 LA Partnership for Families as DCFS rolls out the model. We have considered your request, and submit to you the following.

**Point of Engagement Overview**

In 1999, The Price Waterhouse Coopers audit recommended that the Department of Children and Family Services streamline and revise its case flow process to provide a faster response for services and that the Department provide, through the use of a team approach, an emphasis on more thorough case evaluations and investigations.

In response to this recommendation the Department developed the Point of Engagement (POE) service delivery system. The core components of POE include the use of Structured Decision Making (SDM), Community Development, Front-end Assessments, Differential Response, Alternative Response, Voluntary Services, Family

Preservation Services and Team Decision Making (see attached POE Process Flowchart).

POE is characterized by a seamless and timely transfer of responsibility from front end investigations to actual service delivery in order to provide more thorough investigations and needed services to children and families within their homes and communities. This new system utilizes a multi-disciplinary approach incorporating team decision-making and community collaboration. Additionally in this process, families are fully engaged and consulted with regarding areas of concern. When meeting with family members, every attempt is made to mitigate safety and risk factors by the exploration of family strengths and resources. These target interventions are aimed at avoiding, if possible, the removal of children from their homes. However, if children are unavoidably detained, POE seeks to specifically identify those activities and services that will be necessary to quickly reunify that child with his or her family.

This service delivery model was piloted in the Wateridge and Compton DCFS offices.

#### **Pilot Results**

The pilot has been very successful in both offices. Social workers have consistently expressed positive feelings about utilizing a strength-based approach to quickly engage and assess families. The use of more comprehensive assessments, Structured Decision Making tools, and team decision making have helped social workers make better casework decisions regarding safety and risk. Further, POE has ensured that families are quickly connected to necessary community resources and services, frequently ameliorating the need to remove children from their home. According to Detained Petition Filings Reports, the number of total detentions in Wateridge decreased 45% from calendar year 2003 to 2004. This decrease represents approximately 400 children that remained safely with their families instead of being placed in DCFS Foster Care. (See attached POE Pilot Outcomes). In Compton, the number of total detentions decreased 57% from July-December 2003 to July-December 2004. This decrease represents approximately 100 children that remained safely with their families instead of being placed in DCFS Foster Care. (See attached POE Pilot Outcomes).

Further, in the Wateridge office, between November 2003 and October 2004, 273 families and 652 children received Alternative Response services. Within those families, only 163 had subsequent or repeat referrals. 44 children had cases opened, with 26 of those being voluntary. Only 19 children, or 2.9% were removed/detained from home.

In Compton, since August 2004, at least 323 families, and 763 children have been referred to community resources (Differential Response). Of the 40 families referred in

August, only two had repeat referrals. One resulted in a court filing, and the other is presently a Voluntary Services case.

Based on the success of the pilot, the Department intends to expand this service delivery model countywide.

### **Feasibility of Countywide Roll out**

Expanding the Point of Engagement Service Delivery model Countywide will not be without its challenges. However, for the greater good of children and families throughout Los Angeles County, we need to move forward, while simultaneously finding solutions for the presenting challenges. There have been frequent Labor Management meetings, which have highlighted some of those challenges that include staffing, community resources, continuous funding and quality control (see attached Union letter). In good faith, the Department is addressing these concerns.

### **Staffing**

The Department received authority from the Chief Administrative Office to hire 284 Children's Social Workers and 71 Supervising Children's Social Workers. As a result, six Social Worker Academies have been scheduled to train entry level social workers. The first academy began December 6, 2005 and the culminating academy began March 14, 2005. Each academy runs for a span of eight weeks. Further, it is anticipated that the Department will be given the authority to hire on a continuous basis, with academies occurring quarterly hereafter. Staff exiting the current academies will be placed in those offices according to the POE roll out. Particular attention will be given to placing bilingual staff in those offices where the geographic-demographics demonstrate the need. The Department is also considering a targeted bilingual hiring to fill this critical need. At the time of roll out, each office will be close to or surpass 120% staffing.

### **Community Resources**

Each Regional Administrator has been tasked with actively pursuing resource development in their particular service community. This includes building upon relationships and partnerships with schools, faith organizations, community based organizations, mental health, law enforcement, substance abuse agencies, domestic violence agencies, elected city and state officials, community leaders, parenting and family organizations, neighborhood groups, and housing authorities. Many of the local offices have already developed Community Advisory Committees and hold monthly meetings to dialogue about key DCFS/Community concerns. By cultivating these partnerships, regional management is helping to build the community's capacity and commitment to address the service needs of families residing in their local geographic area.



DCFS views the Partnership for Families (PFF) initiative as a potentially valuable resource to augment our service response for children and families. As a result, DCFS administrators are participating in the planning process, meeting bi-monthly to recommend specific eligibility criteria for families, referral protocols, information-sharing policies, procedures for coordination with existing DCFS programs, and plans for joint DCFS/PFF training.

### **Funding**

The Department is committed to funding those contracted agencies that make Point of Engagement a viable model, including agencies that provide Family Support, Alternative Response, and Family Preservation services. Funding for Family Support is secure through June 2005, and it is expected that new, performance-based contracts for "Promoting Safe and Stable Families" (PSSF) will be in place by July 1, 2005.

In addition to funding associated with contracted services, the Department's Bureau of Finance is currently assessing the County's cost savings as a result of detention reduction, and proposing to reinvest those savings into front end services and resources.

Finally, the Department awaits the outcome of Title IV-E Waiver application, which will, if approved, financially assist in the efforts to target services and resources toward the front end of our service delivery system.

### **Rollout Readiness**

In order to gauge each office's rollout readiness, DCFS administrative staff surveyed the regional managers to determine which workplace is most ready to move forward. Some of the factors considered include staffing levels, degree of community involvement, and current linkages to community resources. Those offices that proved most ready will be the first to rollout.

In planning for a successful rollout, each regional office will need to make appropriate preparations prior to implementation. To facilitate POE rollout, offices that are already established in the POE framework have volunteered to mentor offices beginning the rollout process. This office-to-office mentoring will continue until all offices are implementing POE. To further assist in this endeavor and to ensure that an adequate level of consistency is maintained during implementation, management has formulated a small rollout support team. This team will consult with and support regional management in the following activities: community outreach, identification of community

resources, proper staff alignment, and training enrollment. Once implementation begins, this team will assist in resolving implementation problems, and collect POE related data for analysis and continuous quality improvement.

#### **POE Rollout**

Attached are detailed training and implementation dates. The rollout is scheduled to begin April 4, 2005. The Inter-University Consortium will facilitate training, and the curriculum entails three days of interactive learning.

We are excited about the possibility of moving forward with this initiative. This undertaking will most certainly benefit the families we serve and bring us closer to achieving our desired outcomes of safety, permanency, and reduced reliance on out-of-home care.

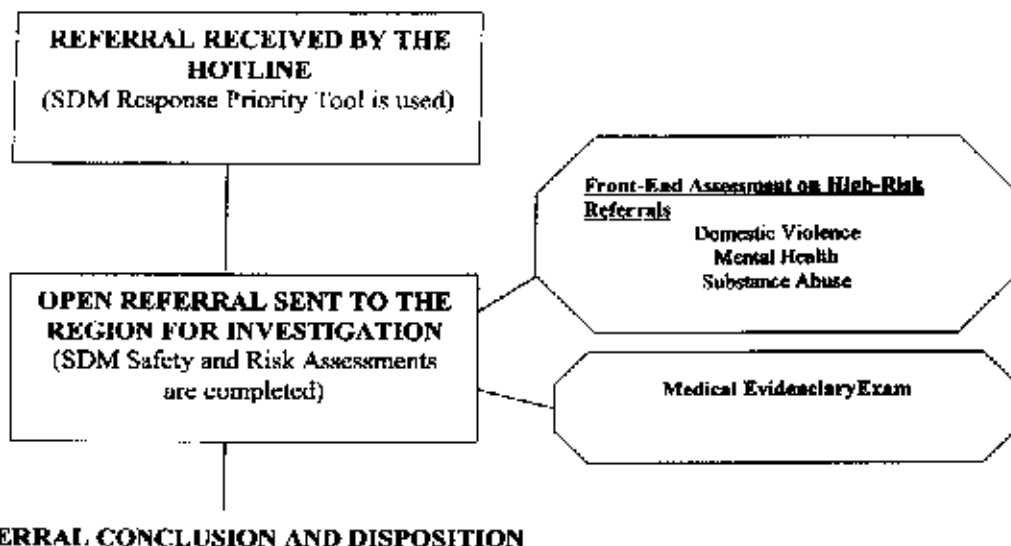
If you have any questions, please call me or your staff may contact Helen Berberian, Board Liaison, at (213) 351-5530.

DS:RC:mg

Attachments (4)

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board Of Supervisors

# POINT OF ENGAGEMENT PROCESS FLOWCHART



<b>Differential Response</b> <i>(Low Risk - Unfounded)</i>	<b>Alternative Response</b> <i>(Low/Moderate Risk - Inconclusive)</i>	<b>VFM/VFR Services</b> <i>(Moderate/High Risk - Substantiated)</i>	<b>VFM/VFR with Family Preservation Services</b> <i>(High Risk - Substantiated)</i>	<b>Detention</b> <i>(Very High Risk - Substantiated)</i>
Families are referred and linked to community based services.	Families are referred and linked to a Family Preservation Agency that provides Alternative Response Services	CSW talks to the family about Voluntary Family Maintenance Services.	CSW talks to the family about Family Preservation (FP) Services.	Medical Exam Child Safety Conference within 72 hours Kin identified If safety is mitigated, child is returned home.
Families with children 5 and under will be referred and linked to a Partnership for Families (PFF) agency for services.	Families with children 5 and under will be referred and linked to a Partnership for Families (PFF) agency for services.	Family agrees to services and the VFM contract is signed.	Family agrees to FP services and is linked to a Family Preservation Agency.	If safety is not mitigated, the child will be placed in the most familiar and least restrictive environment.
A case conference is held.	A case conference is held.	A case conference is held.	MCPC is completed.	DCFS case is opened. An ISW is assigned. A MAT assessment is done.
DCFS referral is closed.	DCFS referral is closed.	DCFS case is opened and VFM services continue for up to 6 months.	DCFS case is opened. FP services continue for 6 months and may be extended up to 12 months.	A PARC reassessment completed every 90 days. The case will continue until family is reunified or legal guardianship/adoption is established

## Legend:

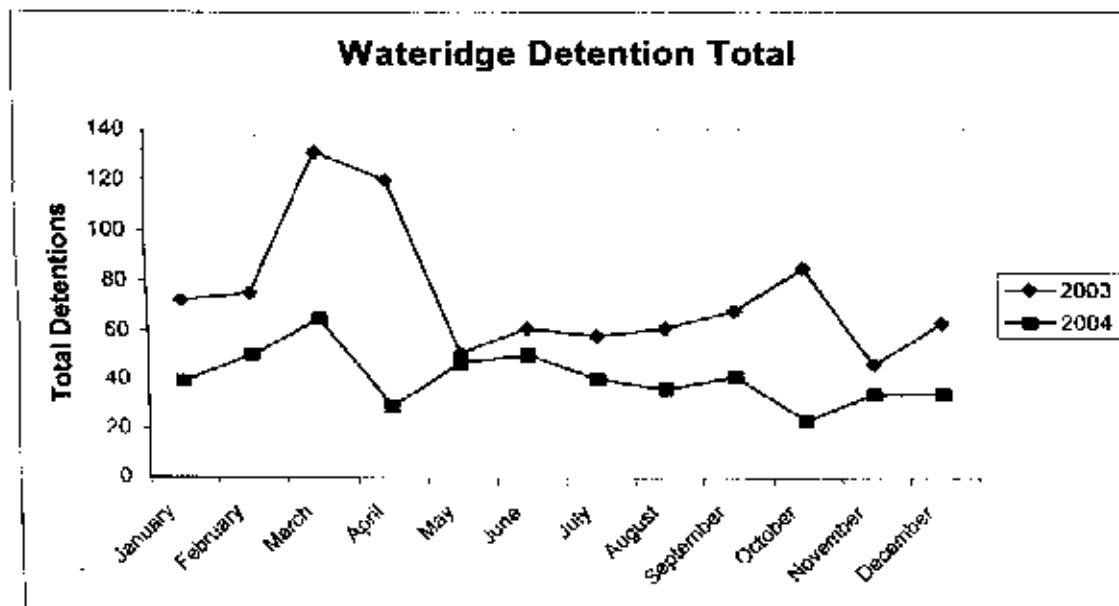
VFM - Voluntary Family Maintenance, VFR - Voluntary Family Reunification, MAT - Multidisciplinary Assessment Team, MCPC - Multidisciplinary Case Planning Committee, PARC - Permanency Action Review Committee, ISW - Intensive Service Worker, SDM - Structural Decision Making, ISW - Intensive Service Worker

## POE PILOT OUTCOMES

### WATERIDGE

In Wateridge the number of total detentions decreased 45% from calendar year 2003 to 2004. This decrease represents approximately 400 children that remained with their families instead of being placed in DCFS Foster Care. The table and graph below show the number of detentions per month for years 2003 and 2004.

	2003	2004
January	72	39
February	75	50
March	131	65
April	120	29
May	51	47
June	61	50
July	58	40
August	61	36
September	68	41
October	85	23
November	46	34
December	63	34
<b>Total</b>	<b>891</b>	<b>488</b>



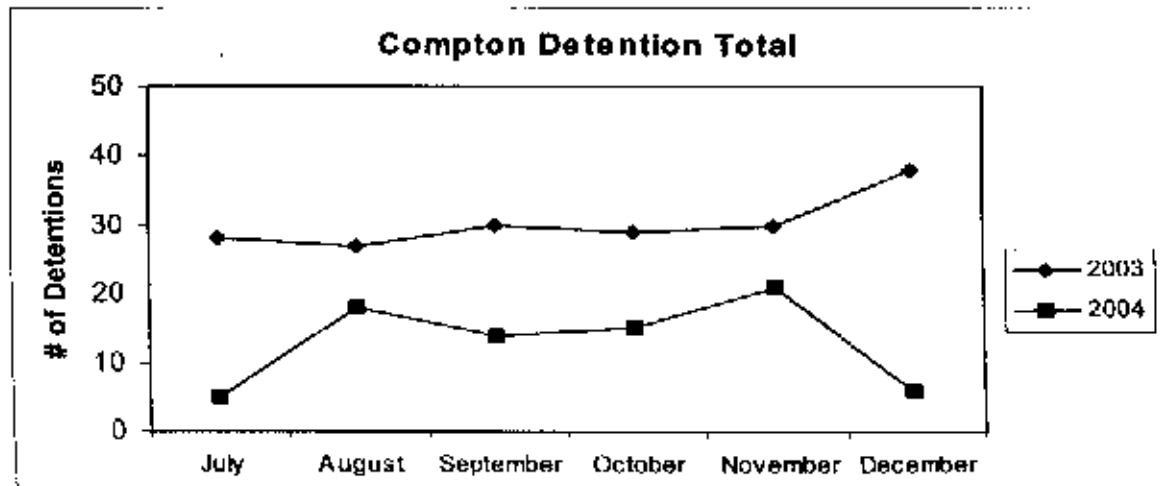
**Wateridge Data Source:**

2003 and 2004 data is from WIC 300 Detained Petition Filing Reports.

## **COMPTON**

In Compton the number of total detentions decreased 57% from July – Dec. 2003 to July – Dec. 2004. This decrease represents approximately 100 children that remained with their families instead of being placed in DCFS Foster Care. The table and graph below show the number of detentions per month for six months in 2003 and 2004.

	2003	2004
July	28	5
August	27	18
September	30	14
October	29	15
November	30	21
December	38	6
Total:	182	79



**Note:**

Only 6 months are compared here because the Compton Office became fully functioning in July. Reporting months prior to July would give an invalid representation because the Compton office was just beginning to serve children and families.

**Compton Data Source:**

2003 data is from CWS/CMS Datamart, ER Detentions based on Compton Zip Codes (provided by ITS). 2004 data is from the WIC 300 Detained Petition Filings Report.

**LOCAL 535**



SOCIAL SERVICES UNION  
AMERICAN FEDERATION  
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SERVICE EMPLOYEES  
INTERNATIONAL UNION  
AFL-CIO, CLC

IN-100-100

February 10, 2005

Dr. David Sanders, PH.D.  
Director Department of Children and Family Services  
425 Shatto Place  
Los Angeles, CA 90020

**RE: Local 535 Input for Response to BOS POE Motion**

Dear Dr. Sanders:

As the union previously presented to the BOS, we agree that the Points of Engagement concept has the potential to achieve one of the goals of DCFS in reducing the reliance on out of home care and to keeping children safely in their homes and communities.

As we are aware, this concept is currently being piloted in the Wateridge and Compton offices. While there may have been some successes in reducing the number of children being removed from their homes and in diverting some families to community resources rather than continuing DCFS involvement in their lives, there are some very important issues which must be addressed and resolved prior to expanding POE to other offices.

- Caseload and work load issues need to be formally negotiated and agreed upon. It has become apparent that the increased responsibilities associated with POE are significant. Included but not limited to; the planning and organization of the various child safety conferences, coordination with community resources, and expanded child safety assessments, increased home call requirements and additional required tasks to dispose cases. These new responsibilities are all required in order to meet the POE protocol. In the mean time, social workers and supervisors are still required to perform all of their other assigned duties and responsibilities as well. In the various meetings which management and the union have held to discuss the progress of POE, this issue has been repeatedly raised by the affected rank and file staff. There needs to be either a serious reduction in the yardsticks for the affected offices or a drastic reduction of the workload. Without either/or the concept will not be able to sustain itself over the long haul.
- There needs to be a comprehensive study of the demographics of the service areas prior to expansion and a plan in place to staff appropriately. It has become apparent that in the pilot offices there is a

RE: LOCAL 535 INPUT FOR RESPONSE TO BOS POE MOTION

severe shortage of bilingual staff to meet the needs of the population in their service areas. The results of this have been that monolingual Spanish speaking clients have not been properly serviced. Also, the attrition rate for bilingual staff in these two offices has remained very high as a result of burn out and low morale. Again, this has had a negative impact on the goals of POE.

- A definite and clear protocol for converting affected offices from traditional to POE mode needs to be established prior to considering expansion. It has been our experience that in the two pilot offices there has not been a conversion plan. The effects of this lack of conversion plan has resulted in social workers not being able to give their full focus to performing one specific function. An example of this is the Intensive Services Worker. This was a new position created specifically to deal with new court cases with the goal of providing intensive services to families a crisis mode and attempt to stabilize their situation. Initially, this position was being handled in a very haphazard manner with no one actually being assigned to perform the specific ISW function. Then there was the problem of actually purifying their files. It has clear that in order to perform this function properly the ISW must have a purified file. This problem also was found to exist in the Voluntary Services Units, who were still carrying generic cases along with VFM/VFR cases. In order to accomplish the goals of POE, it is essential that social workers are able to focus their efforts and become proficient in their specific function.
- It is essential that all of the necessary community resources be in place and that the funding sources for these services be sustained. If we expect to be able to keep children in their homes without DCFS involvement, then it is critical that the community "safety net" remain intact. During a brief period there was a time where funding for resources was temporarily disrupted and this had an adverse impact on the clients as well as the POE pilot. The success or failure of POE is highly dependent on the availability of community resources.
- There also needs to be the ability to monitor the expansion and implementation of POE in order to ensure that the protocols are being adhered to. This is an area of concern in that given the size of the agency and the various management styles there needs to be a clear and definite structure in how POE is rolled out and implemented. In the two pilot offices there have been some differences in how work flows and in the hand off system. In one office ER provides resource referrals to clients and SCSWs meet once weekly to assign cases to the services units in another office. ER strictly does investigations and hands the

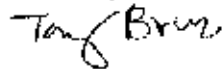
RE: LOCAL 535 INPUT FOR RESPONSE TO BOS POE MOTION

case off after holding the child safety conference. Again there is a need to standardize the service delivery system.

- There also needs to be a clear commitment from the BOS to adequately fund this new and innovative concept. Initially, it will mean having to provide expanded funding for emergency response and the services component in order to begin "closing the flood gates" of children and families entering the Child Welfare System. In the long term, as cases begin to attrition out, there will be a cost savings in the amount of dollars now spent on out of home care. POE along with Concurrent Planning will hopefully streamline the time to permanency and reduce the number of children actually requiring Child Welfare Services. But again, there is a price tag on POE. To put it succinctly, we cannot expect to get a Cadillac with Yugo money.

Based on the above mentioned points, it is clear that there are issues that must be addressed and resolved prior to expanding POE agency wide. It is incumbent on all parties concerned that work begins immediately in order to begin planning for a successful roll-out of POE.

Sincerely,



Tony Bravo  
L.A. County Chapter President

c: Harold Walker



## POE TRAINING/IMPLEMENTATION ROLL-OUT

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